

# Protective Parenting Project

Challenges of increasing parental protectiveness in  
populations with histories of abuse and neglect

**SANE Solutions**

Britney Journee, LCPC

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# SANE Solutions- Services

- \* Trauma informed therapy for victims and family members
- \* Protective Parenting Project
- \* Adult Offender Treatment
- \* Juvenile Offender Treatment
- \* Domestic Battery Treatment

# Protective Parenting Project- Process

- \* Psychoeducational classes are led by SANE Solutions therapists who primarily provide trauma informed therapy for child and adult victims of sexual and physical abuse and neglect
- \* Intake and 16 week group classes- Boise and Nampa
- \* Intake and 8 individual sessions- ESL, significant processing delays, schedule conflicts (narrow focus on specific issue)
- \* Completion of personalized family safety plan
- \* Coordination with H&W case workers, probation, courts

# Protective Parenting Project- Referral Examples

- \* Disbelief that child has been abused
- \* Failure to protect after becoming aware of the abuse
- \* Prioritizing abusive partner or family member over the child
- \* Difficulty nurturing an abused child
- \* Exposing child to drug and alcohol abuse
- \* Exposing child to unsafe people

# Protective Parenting Project- Referral Examples

- \* Failure to address mental health or medical problems
- \* Exposing child to domestic violence
- \* Failure to provide a safe home environment
- \* Limited knowledge of how to protect child and set boundaries
- \* Physical discipline which resulted in injuries to child

# Increasing Protectiveness with Education and Support

- \* *Denial*
- \* *Child development*
- \* *Laws regarding abuse and neglect*
- \* *Effects of abuse on development*
- \* *Boundaries*
- \* *Signs and symptoms of abuse*
- \* *Creating safety for a victimized child*

# Increasing Protectiveness with Education and Support

- \* *Sexual abuse prevention*
- \* *Personal safety for children*
- \* *Thinking errors*
- \* *Effects of domestic violence exposure*
- \* *Self-care*
- \* *Safe Dating*
- \* *Creating a family safety plan*

# Protective Parenting Project- Objectives

- \* Decrease resistance to engaging in case plan
- \* Increase parental skills to protect and nurture children
- \* Increase awareness of current and past risk factors
- \* Increase ability to plan for future risks and stressors



# Decrease resistance to engaging in case plan to increase accountability

- \* Understand the purpose of denial
- \* Recognize denial in self and others
- \* Increase understanding of the roots of parenting choices
- \* Increase empathy for self
- \* Increase empathy for your child

# Increase skills to protect and nurture children

- \* Increase ability to identify consequences of abuse from a child's perspective
- \* Increase ability to identify feelings of abused and neglected children
- \* Increase knowledge of normal child development and effects of abuse on child development
- \* Learn characteristics of offender behavior
- \* Increase knowledge of typical victim behavior

# Increase awareness of current and past risk factors

- \* Expand awareness of safety concerns beyond precipitating event that led to DHW involvement
- \* Develop inventory of all safety concerns that have been and will be addressed

# Increase ability to plan for future risks and stressors

- \* Increase ability to recognize boundaries violations
- \* Increase ability to set and maintain healthy boundaries
- \* Increase personal safety skills
- \* Learn basics of safe dating
- \* Identify self care plan

# DHW Referral Form

## SANE Solutions Referral and Authorization Form-FACS West Hub

☐ Region 3 ☐ Region 4

**Client name (one client per referral):**

**Presenting Issue #:** \_\_\_\_\_

**Client DOB:**

**Address of client:**

**Phone:**

**Other Info:**

**Provide the areas of concern for this service referral, identified goals and family/individual needs:**

### Individual Counseling:

\* Other family members may be included in individual treatment sessions as needed to achieve treatment goals.

Individual Counseling

1 individual intake session (1hr – 102.00) \$102.00 max ☐

6 individual counseling sessions (38-52min/session- 85.00) \$510.00 max ☐

### Adult Mental Health Assessment:

Mental Health Assessment and Report Preparation \$308.00 max ☐

-maximum 3 1h/sessions per client (68/hr x 3=\$204.00) plus report preparation (1h/\$104.00)

### **Services Authorized**

#### Protective Parenting (PP):

##### **Protective Parenting Group**

1 individual intake session (1hr) \$102.00 max ☐

##### **Protective Parenting (Group Treatment)**

16 group sessions \$480.00 max ☐

##### **Protective Parenting Individual**

1 individual intake session (1hr) \$102.00 max ☐

##### **Protective Parenting Individual**

8 individual sessions (38-52min/session) \$680.00 max ☐

#### **Batterer Domestic Violence Treatment:**

**Note: Workbook fee not included (\$27.00).**

##### **Domestic Violence Group Treatment**

1 individual intake session(1hr) \$55.00 max ☐

##### **Domestic Violence Group Treatment**

Male or Female – 26 group sessions \$780.00 max ☐

##### **Domestic Violence Individual Assessment**

1 individual intake session (1hr) \$55.00 max ☐

##### **Domestic Violence Individual Treatment**

Male or Female - 26 individual sessions (38-52min sessions) \$2210.00 max ☐

### Juvenile Sexual Offender Evaluation Level 1

#### Total Cost:

Performed at the SANE office (3 sessions) \$ 999.00 ☐

Performed at DJC (3 sessions) \$1,224.00 ☐

### Adult Sexual Offender Evaluation

#### Total Cost:

Performed at the SANE office (3 sessions) \$1,164.00 ☐

Performed at Ada County Jail or Detention (3 sessions) \$1,266.00 ☐

Performed in other location (pending approval) (3 sessions) \$1,464.00 ☐

Referring FACS Worker:

Phone: Email: @dhw.idaho.gov

Date:

Signature: \_\_\_\_\_

Authorizing FACS Supervisor: Phone:

Signature: \_\_\_\_\_

Authorized services must be completed prior to \_\_\_\_\_, unless an extension is granted.

Referral form to be submitted to Regional Program Specialist who will forward Referral to SANE as resources are available.

**FAX Referral Authorization Form to: Fax 323-9606**  
**SANE Solutions- 408 Allumbaugh Boise, ID Phone 323-9600**

# Sane Solutions Monthly Report to DHW caseworkers

NG PROJECT MONTHLY REPORT					
CLIENT NAME:	Jane Doe			TODAY'S DATE:	04/30/13
THERAPIST:	Angie Hernandez-Henry, LCI	CASEWORKER:		REGION:	III
				DOB:	9/13/77
CLIENT INFORMATION					
DATE OF INTAKE:	04/30/13	DATE STARTED IN TREATMENT:	to start 5/14/13		
TYPE OF CLIENT:	<input checked="" type="checkbox"/> GROUP <input type="checkbox"/> INDIVIDUAL/COUPLE <input type="checkbox"/> MALE <input checked="" type="checkbox"/> FEMALE				
TYPE OF REPORT					
<input checked="" type="checkbox"/> INTAKE ONLY--GROUP or TREATMENT HAS NOT STARTED				<input type="checkbox"/> 4 MONTHS	
<input type="checkbox"/> 1 MONTH				<input type="checkbox"/> 5 MONTHS	
<input type="checkbox"/> 2 MONTHS				<input type="checkbox"/> OTHER _____	
<input type="checkbox"/> 3 MONTHS				<input type="checkbox"/> EXIT	
MONTHLY STATUS					
Group has started and client has attended acceptable number of groups.					
Client has made up work from any missed groups.					
Individual/Couple client has started treatment and attended acceptable number of sessions.					
Client takes responsibility to cancel group/session, when necessary, before start of session.					
Client participation meets expectations.					
Client progress appears to meet expectations at this time.					
PROGRESS					
<b>"0" not yet demonstrated; "1" some progress; "2" good progress; "3" exceptional progress</b>					
Client demonstrates increased ability to recognize denial.					
Client demonstrates increased ability to recognize thinking errors.					
Client demonstrates increased ability to recognize consequences to their children of abuse, neglect, & domestic violence					
Client expresses increase in empathy for the abuse/neglect victim and others.					
Client increases his/her knowledge to prevent the re-victimization of children.					
Client makes a safety plan.					
Client expresses accountability for life-style and non-protective behaviors.					
Jane completed her intake and is scheduled to start the class 5/14/13					
EXIT STATUS					
<input type="checkbox"/> COMPLETED		<input type="checkbox"/> TOO LOW ATTENDANCE		<input type="checkbox"/> TRANSFERRED	
<input type="checkbox"/> INSUFFICIENT PROGRESS		<input type="checkbox"/> NON-COMPLIANT		<input type="checkbox"/> OTHER: _____	
<input type="checkbox"/> 90 day treatment plan review completed					

# Components of PPP safety plan

- \* **Safety concerns**- initial concerns that prompted removal of child from parent's care AND overall safety concerns after DHW involvement
- \* **Prevention Measures** – action parent have already taken or will take once child is back in parent's care to prevent abuse or neglect
- \* **Interventions**- If one or more prevention measures fail, what will parent do to ensure child's safety.

# Safety Concerns Examples

- \* Unsanitary conditions in home
- \* Unsafe conditions in home
- \* Inadequate supervision of children
- \* Drug use by parent
- \* Domestic violence between parents
- \* Children exposed to pornography on electronic devices



# Prevention Measures Examples

- \* The cat now has a covered litter box, which is emptied and cleaned twice weekly
- \* Some furniture has been removed to allow for clear access to exits
- \* Parent has enrolled children in licensed daycare
- \* Household will be drug and alcohol free
- \* Parent has filed for divorce
- \* Parent will do background checks on potential partners and not introduce new person to children for a minimum of three months
- \* Parent will monitor all access by children to electronic devices

# Intervention Examples

- \* If the house cleaning becomes unmanageable or parent is unable to keep up with the house cleaning assistance will be requested of family and friends to get caught up and back on track. If laundry piles up, parent will take all of the children and the laundry to a laundromat and get the laundry caught up in a few hours. If the home is damaged or an unsafe condition occurs, parent will immediately call the landlord and actively pursue repairs. If ex-partner shows up at the home, parent will immediately leave with children, go to a safe place, call the police, and not return until the police have verified that the danger has passed.

# PPP Completion Letter

Dear John,

This letter is to verify that you have successfully completed the sixteen week Protective Parenting Group curriculum! At this point you have participated in classes and passed two quizzes and a final exam regarding the following material: denial and its impact on children's safety, childhood development, Idaho laws related to abuse and neglect, effects of abuse on normal development, boundaries, choice giving discipline for children, how sexual abuse affects children and families, signs and symptoms of sexual abuse, learning about sexual offenders, how to teach personal safety to children and teens, thinking errors, domestic violence and its impact on children, healthy self care, importance of meeting emotional needs and safe dating strategies. You have also completed a safety plan that states your intent to provide a safe and stable environment for your family. I encourage you to share the plan with your case worker, probation office or judge and let him or her know that, if further information is needed, I can be reached at (208)323-9600

Thank you, John, for your willingness to listen to the information and to contribute to the group process. I hope this has been helpful to you and your family and I wish you the very best.

Sincerely,

Britney Journee, L.C.P.C.  
Licensed Clinical Professional Counselor  
SANE Solutions  
[bjourney@trhs.org](mailto:bjourney@trhs.org)  
Specializing in the treatment of sexual abuse and protective parenting.

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